FORM B10 January 1995	PROOF OF CLAIM	Trustee: L D FITZGERALD		
UNITED STATES BANKRUPTCY COURT TWIN FALLS District of SOUTHERN IDAHO	PROOF OF CLAIM Chapter 13 Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.	U.S. COURTS 3 007 29 PM 4: 12 ALOTAL SAME OF BURKE OF BURKE OF BURKE		
In RE: (Name of Debtor) HINTON, CLINTON PATRICK (Name of Assoc Debtor) HINTON, HOLLY KAY	Case Number: 9941638 NOTE: This form should not be used to make a claim for an Administrative expense arising	DEEKW IDAKO		
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property): Idaho State Tax Commission P.O. Box 36 Boise, Idaho 83722	after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC □503.	THIS SPACE IS FOR COURT USE ONLY		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEB SSN/EIN 518962753 A/TIN 518982424	TOR This claim a previously filed	claim dated: / /		
1. BASIS FOR CLAIM: Taxes				
2. DATE DEBT WAS INCURRED: TAX PERIOD(S): See Attached Documen	3. IF COURT JUDGMENT, DATE OBTAIN	NED:		
	Code, all claims are classified as one or more of the followed Nonpriority c. Unsecured Priority r. COMPLETE THE APPROPRIATE BOX (or boxes) T THE TIME THE CASE WAS FILED.			
SECURED CLAIM: \$0.00 Attach evidence of perfection of security interest Brief description of Collateral: Taxes Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:	UNSECURED PRIORITY CLAIM: SPECIFY THE PRIORITY OF THE CLAIM:	\$268.08 Taxes		
UNSECURED CLAIM: \$0.00 A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.				
5. TOTAL AMOUNT OF CLAIMS AT TIME CASE FILED:				
UNSECURED: \$0.00 SECURED: X Check if claim includes charges in addition to the principal amou charges.	\$0.00 PRIORITY: \$268.08 nt of the claim. Attach itemized statement of a	TOTAL: \$268.08		
6. CREDITS AND OFFSETS: The amount of all payments on this cla for the purpose of making this proof of claim. In filing this claim, claims amounts that claimant owes to the debtor.		THIS SPACE IS FOR COURT USE ONLY		
7 SUBBOODTING DOCUMENTS: ATTACH COPIES OF SUBBOOD	TING POCUMENTS			

Sign and print the name, and title, if any, of the creditor or other person autorized to file this claim. Date:

October 29, 1999

CAROLYN KAAS Bankruptcy Department Telephone: (208)334- 7645

IDAHO STATE TAX COMMISSION

BANKRUPTCY DEPARTMENT

CLAIM ATTACHMENT-EXPLANATION OF TAX LIABILITY DATE: October 29, 1999

HINTON, CLINTON	PATRICK	9941638	13	518962753	
Name of Debtor(s)		Case Number	Chapter	Debtor SSN/EIN Number	
EXPLANATION					
Tax Type Codes:	A. Individual Income B. Corporate	D. Use Tax E. Lodging	G. Special Fuels H. Intnl Fuels		

COMMENTS:

UNSECURED PRIORITY CLAIMS

Tax Type & Period	Permit Assessed	Tax Due	Interest to Petition Date	Total	Tax ld Number(s):	
A 1997	11	\$266.55	\$1.53	\$268.08	518962753	518982424
	TOTAL UNSECURED PR	IORITY CLAIMS:	-	\$268.08		